PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000042737

1. Corporation Name

FILED May 03, 1999 8:00 am Secretary of State 05-03-1999 90067 030 ***150.00

	ABINA, INC.								
Principal Place	e of Business	Mailing Address				-	iik ka an aa iak i	LIGHE HOLF HOD	IO NIFIN REAL FOOL
4585 NW 36TH ST. 4585 NW 36TH ST.									
MIAMI FL 33166 . MIAMI FL 33166						20 NOT WIDE	F IN TUR	CDAOE	
						DO NOT WRIT	E IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
2 Oringinal D	lace of Business	2a. Mailing Address				05/20/1996 4. FEI Number]] <u>A</u>	oplied For
Principal Place of Business		26			65-0670318	•	<u> </u>	ot Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.							Additional
22	.,, 0.0.	27	,			5. Certificate of Status Desired		7	equired
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		•	to Fees
Zip Country		Zip Country			8. This corporation owes the curre	ent year Inta	ngible		
24		29 3	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered /	Agent	
041	AFORDA OFLEODIN		8	1 Nan	ne				}
Calaforra, Pelegrin 4585 NW 36TH St.		,	82 Street Add		et Addre	ss (P.O. Box Number is Not Accepta	ble) .		
MIA	MI FL 33166		8	3					İ
			8	4 City	<u> </u>			85 Zip	Code
	to the provisions of Sections 607.050 egistered agent, or both, in the State			'		·	<u>FL</u>		
agent, i a		tions of, Section 607.0505, Florid	aa olalule	s.					
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attactiment with an attactiment with an attaction of the empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR